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**EXPANDED FOSTER CARE PROGRAM (EFCP)**

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**REVISED 11/01/2019 – CHANGE NO. 15-19**

**I. EXPANDED FOSTER CARE PROGRAM (EFCP)**

The Expanded Foster Care Program is for individuals who were foster on their 18<sup>th</sup> birthday in another state. For children who aged out of foster care in North Carolina, see MA 3233 Medicaid for Former Foster Care Children. Former or current foster care adolescents, ages 18, 19, and 20 are eligible for Medicaid if they were in state foster care on their 18th birthday. IV-E and Non-IV-E status are not applicable in determining EFCP eligibility because the children are no longer in foster care.

**II. APPLICATION**

Before placing eligible individuals, into the Expanded Foster Care Program (EFCP), evaluate for all full Medicaid programs/categories, **excluding** Medically Needy (deductible must be met as of the first day of the certification period) and Family Planning Program (FPP). Eligibility determination for EFCP is without regard to assets or income through the month the individual turns age 21. If ineligible for other full Medicaid programs, place into EFCP.

The caseworker must contact the out of state social worker to verify if the individual was in foster care on their 18th birthday.

**A. A signed application is required.**

**B. The child must:**

1. Be age 18, 19, or 20
2. Have been in foster care on their 18<sup>th</sup> birthday.
3. **It is critical that former foster care evidence is entered in NC FAST to get the correct determination**

**C. Evaluate eligibility for all full Medicaid programs following the hierarchy below:**

1. MAGI, excluding NCHC.
2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the date of the application.
3. **Do not authorize FPP unless ineligible for all programs including EFCP.**



- D. If eligible authorize ongoing Medicaid eligibility for 12 months, send **the** appropriate notice
- E. If ineligible for a full Medicaid program, evaluate for **EFCP**.
- F. **No income or resource test is required to determine eligibility for EFCP.**
- G. If eligible, authorize **EFCP** for 12 months.
- H. Send **the** appropriate notice.
- I. Evaluate the retroactive period to determine whether there is a medical need.
- J. If eligible during the retroactive period, authorize Medicaid for 1, 2 or 3 months, as appropriate.

Refer to **NC FAST** Job Aid: [Expanded Foster Care Program](#)

### III. RECERTIFICATION

- A. A recertification must be completed at least every 12 months.
- B. Evaluate eligibility for **all full** Medicaid programs following the hierarchy below:
  - 1. MAGI, excluding NCHC.
  - 2. MAF-M. Do not authorize as medically needy unless the deductible can be met as of the date of the application.
  - 3. **Do not authorize FPP unless ineligible for all programs including EFCP.**
- C. If eligible authorize ongoing Medicaid eligibility for 12 months, send **the** appropriate notice.
- D. If ineligible **for a full Medicaid program**, evaluate for **EFCP**.
- E. **No income or resource test is required to determine eligibility for EFCP.**
- F. **If eligible authorize for 12 months.**
- G. Send **the** appropriate notice.
- H. **If ineligible for EFCP, evaluate for all other Medicaid programs.**

#### **IV. CHANGE IN SITUATION**

When changes are reported, evaluate and take appropriate action.

- A. Individual turns age 21, evaluate for all other Medicaid programs.**
- B. Individual moves out of North Carolina, inform them that they must apply for Medicaid in the state **in which** they currently reside terminate case.**
- C. Send **the** appropriate notice.**